

Storer (H. R.)

THE

RELATIONS OF FEMALE PATIENTS TO HOSPITALS  
FOR THE INSANE;

THE

NECESSITY ON THEIR ACCOUNT OF A BOARD OF CONSULTING  
PHYSICIANS TO EVERY HOSPITAL.

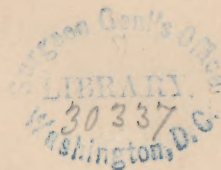
BY ✓

HORATIO ROBINSON STORER, M. D.,  
OF BOSTON,  
SURGEON TO THE NEW ENGLAND HOSPITAL FOR WOMEN.

---

EXTRACTED FROM THE  
TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

---



PHILADELPHIA:  
COLLINS, PRINTER, 705 JAYNE STREET.  
1864.



## THE RELATIONS OF FEMALE PATIENTS TO HOSPITALS FOR THE INSANE: THE NECESSITY ON THEIR ACCOUNT OF A BOARD OF CONSULTING PHYSICIANS TO EVERY HOSPITAL.

---

IN late communications to the American Academy of Arts and Sciences, and to the Suffolk District Medical Society of Massachusetts,<sup>1</sup> I have stated certain fundamental propositions or laws, whose acceptance is essential to any rational explanation or treatment of the mental diseases of women. These propositions are as follows:—

I. That in women mental disease is often, perhaps generally, dependent upon functional or organic disturbance of the reproductive system.

II. That in women the access or exacerbation of mental disease is usually coincident with the catamenial establishment, periodical access, or final cessation.

III. That the rational and successful treatment of mental disease in women must be based upon the preceding theories, which I claim are established,

1. By many analogies, physiological and pathological, in the cerebral manifestations of the human female and that of the lower mammals;

2. By clinical observation; and

3. By the results of autopsies of the insane, both in private practice and, where made with equal impartiality, in insane asylums.

I have worded the last expression with especial reference to the facts that in autopsies by psychological specialists, diseases of the brain are naturally those first sought for: and that in autopsies of insane women as compared with those of insane men, disease of the brain as a primary lesion very rarely exists. These facts are acknowledged; for further remarks upon them I must refer to the preliminary paper to which I have already alluded.

<sup>1</sup> Boston Med. and Surg. Journ., April, 1864, p. 179.

From the above propositions, corroborated, I believe, by the experience of every unbiassed observer, we advance to three plain and practical questions, which are to open up a new, broad, and very fruitful field of obstetric work. These are:—

First. To what extent can the insanity of women be medically or surgically treated?

Second. Is such treatment at present generally effected or even attempted in Insane Hospitals? and

Third. How can it there be accomplished?

I am aware that I have broached a delicate topic. The comparison, however, of doubtfully insane, of almost insane, and of decidedly insane women, in all their range from aggravated hysteria to actual madness, has so long been my daily occupation that I am enabled to express myself plainly upon this subject. It is one that has been hitherto neglected, for the sole reason that its proper side of approach, that from an obstetric point, happens from circumstances beyond their control, almost always to have been closed to superintendents and others charged with the management of the insane.

The first question that I have now proposed, To what extent can the insanity of women be medically and surgically treated?—has as yet hardly been propounded in insane asylums at all, although its solution in active everyday practice is, within certain limits, of common enough occurrence. I have purposely limited my statement of the extent to which this treatment has as yet been carried in private practice. Instances in point, however, the ordinary forms of the so-called puerperal mania, and of that other type of obstetric insanity to which in its different manifestations I would attach the equally legitimate title of catamenial mania, are familiar to every observer. In these and in others of the host of deviations from mental sanity in women, there is some reflex transference of irritative action, the source of which, if searched for, is almost always to be discovered. It is just as unscientific here, and generally as futile, to treat merely or primarily the mental disturbance, which is usually a symptom only or a consequence, as it has been to amputate an hysterical knee, to attempt the Cæsarean section, or to cut for ovariectomy in cases of the so-called spurious pregnancy, or, as is still constantly done, even at the present day, to stimulate or blister, or apply the moxa or actual cautery to spines irritated sympathetically and through reflex action by an abraded, displaced or other-

wise disturbed womb. The necessity of removing a cause to prevent or to cure its effect is as decided in mental pathology as in physical. We recognize it everywhere else; we must recognize it in the treatment of insane women—no matter whether from quiet and inoffensive creatures, or chaste and pure, they have become habitually thievish, profane, or obscene, despondent or self-indulgent, shrewish or fatuous, or, as the parturient cat or sow, they have destroyed their offspring, or in other cases have attempted to destroy themselves.

In many of these instances the relation of cause to effect, if otherwise doubtful, is at once shown by the result of the treatment. I might relate many cases in illustration of this fact from my own experience, but shall confine myself to a single one.

*Case.*—During the past year I have had charge of a young lady afflicted with that not uncommon disease, mechanical dysmenorrhœa. This patient, unmarried and formerly a schoolteacher, was sent to me by a physician and had previously consulted several others. She confessed to me that while she never had had sexual intercourse, she had experienced, from a period long preceding her first seeking medical aid, excessive sexual desire, amounting indeed to what is technically termed nymphomania—a symptom merely, as are most of the mental disturbances of women. The attacks of this were very clearly coincident with the menstrual period, and so extreme that the patient could with difficulty restrain herself from soliciting the approach of the other sex. She could not restrain herself from frequent and excessive masturbation. There was little irritability about the clitoris or other external organs, the patient herself being inclined to recognize a deeper and inner origin for her suffering. The morbid desires and the disgusting propensity thence arising ceased together with the dysmenorrhœal pain, upon freely incising the cervix uteri and dilating its canal. They have not since returned, save in one single instance, when an acute attack of the erotic desire, plainly resulting from indulgence in so-called pepper tea, was at once allayed by the application of potassa fusa to the cervix. Now were not this treatment based, as it is, upon a broad and general physiological principle, its effect as a defence in similar cases to female chastity, threatened and undermined by sources of irritation within the patient herself, would be sufficient to entitle it to our respectful consideration. The above case must not be thought more pertinent than others of a similar reflex character, where, however, there is no erotic desire

or other direct symptom of genital irritation. However masked, they all instance a single law.

It would be difficult to state precisely to what extent appropriate medical and surgical treatment can be effectual in the cure of female insanity, the subject as presented in this light being comparatively new to the profession. There can be little doubt, however, that in so far as the mental disturbance retains its original reflex character and has not merged into organic cerebral change, which, as I have said, is comparatively rare in women, to this extent and so long should we have a reasonable hope of success, nearly as great, perhaps, as in relieving the other reflex disturbances to which the female is confessedly so prone.

As regards the second question I have broached—Is such treatment effected or even attempted in Insane Hospitals?—the answer is patent. As hospitals are at present organized, the proper treatment cannot be afforded insane women, for sufficient reason.

To the general organization of our public asylums, or to its details, so far as they go, I would take no exception. My complaint is, that their most excellent organizations do not go quite far enough to cover the important class of cases we are now considering. They stop just one step short of the mark. I am here speaking from personal observation, of the working, theoretical and practical, of many asylums, among the best in this country—and there are in the world none in advance of the American hospitals for the insane—so that in my remarks upon this subject I speak with perfect confidence.

The reason that mental disease in the female, dependent upon reflex uterine or ovarian irritation, is not generally treated at hospitals for the insane in the same manner or as successfully, barring only the lessened risk of homicide or of suicide before cure, as in private practice, is in the main the following.

The whole and sole charge of the patients, medical, moral, and economical, is thrown entirely upon the superintendent of the hospital. This is certainly an advantage in everything concerning the government of the establishment, for it prevents all clash of opinion, all evasions of duty. It is excellent in every respect, save alone as concerns the weight and the extent of medical responsibility. I would by no means lessen the superintendent's authority, but, as will be seen, would free him from his present involuntary embarrassment.

The superintendent, as at present situated, cannot make such

examination of a female patient, or pursue such methods of treatment as are absolutely required for the relief of many forms of obstetric disease, upon the existence of which, as I have said, her mental malady not unfrequently depends. He is absolutely prevented from this alike by regard for the patient's welfare, for his own personal reputation, and for that of his hospital. So constantly compelled to see the patient, he appreciates the importance as regards other details of treatment, moral, &c., that he should retain her confidence and escape her fears; he recognizes the danger lest an endeavor to arrive at a proper diagnosis of her disease should seem to the disordered mind only an attempt at improper and unpardonable liberties with her person, and should she ever entirely recover her reason, be so represented to friends and to the community by her perverted and imperfect memory. These risks, so great in sane patients under temporary aberration from anæsthesia, have been realized to the full by Dr. Beale, of Philadelphia, and others; with the insane they are increased.

In this strait, upon whom is the superintendent to rely? Not upon his assistants, surely, younger men and often merely pupils—at any rate, placed in the same relations as himself to the patient, the hospital, and the outside world. Here is the strange and paradoxical example of a physician pledged by even higher than ordinary motives to the relief of his suffering patients, concerning a large proportion of whom, however, his hands and his judgment are practically and entirely fettered. He cannot search for the manifestations of disease, nor were they known to be present can he relieve them; and yet we all contend and strive to persuade the community that our hospitals for the insane are no longer prisons, that they are not houses for detention, but for cure. The existence of these facts, and the justness of the above reasoning, superintendents have repeatedly acknowledged to me with regret and a hope that the evil may be remedied.

A change is necessary; how can it be accomplished? By appointing to every asylum in the land a board of consulting physicians, useful in ordinary cases of insanity, but absolutely indispensable in the instance of insane women. These gentlemen should be selected from practitioners in the immediate neighborhood of each asylum, due regard of course being had to their character and to their professional fitness. The position should be an honorary one, and like that at general hospitals, unattended by pecuniary emolument; and the superintendent should be left entirely to use

his own discretion, as to calling or not upon the members of his board for advice, just as is allowed to attending physicians or surgeons at general hospitals; the intention being to render consultations and a division of medical responsibility possible, not compulsory. Strange as it may seem, there appears to exist but a single asylum in this country, to which there is appended a board of medical consultation. I refer to that most admirable establishment, the Butler Hospital at Providence. So far as I have been able to ascertain, and I have been aided by those most excellent authorities in all matters pertaining to the insane, Drs. Ray, of Rhode Island, and Edward Jarvis, of Massachusetts, in no instance save the one referred to, have boards of medical advice been included among their officers and means of management, at our insane hospitals.

The Connecticut Retreat has a Board of Medical Visitors, whose position is an anomalous one; as much supervisors of general administration apparently as advisory in the treatment of patients, they are perhaps in reality more strictly honorary than either.

There was formerly an Advisory Board attached to the City Lunatic Hospital of New York at Blackwell's Island, discontinued for no known reason.

The New York Hospital has Consulting Surgeons and Consulting Physicians, but they appear to have nothing to do with the Bloomingdale Asylum, although it is under the same general authority as the hospital. The case is similar to that of the McLean Asylum, which, though under the same trustees, is yet separate from the Massachusetts General Hospital. The last has Consulting Physicians and Surgeons, but they have nothing to do with the insane department. They may, it is true, have been occasionally consulted by Dr. Bell, and possibly by his successors, in cases of doubtful sickness of a general character, just as other gentlemen from time to time have been called upon to give opinion; as matters now remain, such consultations are wholly unofficial, and Dr. Ray's establishment, therefore, would seem at present to stand alone and to furnish, with its skilful advisory staff of Drs. Mauran and Miller, an example to be followed.

So far these remarks have been based upon my own personal observation of the needs and advantages of the measure I have proposed. I am able to go farther than this, however, and to give corroborative evidence from superintendents themselves.

In a report recently rendered to the Legislature of Massachusetts, the views of the writer as one of the State Commissioners in



Insanity were embodied, he fully recognizing, however, and admitting the fact that the appointment of boards of medical consultation, as a part of the internal management of hospitals, should devolve upon their boards of trustees, and in no way be controlled by the State. The various opinions and recommendations presented in the report alluded to were very properly submitted to the Superintendents of the several State asylums by the Legislative Committee to which it had been referred, and almost without exception they were cordially endorsed. With respect to the propriety of appointing consulting physicians to the hospitals there was not a dissenting voice; Drs. Tyler, of the McLean Asylum, Walker, of that at South Boston, and Choate, of the Taunton Hospital, acknowledging that they had each felt the need of such assistance, and would gladly avail themselves of it were it afforded them, while Dr. Ray, of Providence, who alone could speak from personal experience of its advantages, gave the Committee to understand that he considered his Board as at once comfort, relief, and safeguard. Such would probably be found to be the unanimous opinion of gentlemen engaged in this most responsible specialty.

I have now presented the subject only in its relations to patient and superintendent, and have endeavored to show the advantages and necessity, alike to both, of the measure proposed. I might well cease here, confident that my remarks have been sufficiently conclusive. The subject is no less important, however, to the community at large, in its relations to obstetric practice and obstetric jurisprudence.

Obstetric practice, as I have already hinted, covers legitimately the greater number of cases of female insanity, but it is to hospitals for the insane that the profession must necessarily send many of these patients, and it is to hospitals for the insane that we must therefore look for the most effectual trial of rational methods of treatment, and from them trust for examples of successful cure. For this success they have already, with the single exception alluded to, every possible adjunct: seclusion of their patients from exciting causes; their absolute control as to diet, habits, and whole detail of life; the possibility, so far as skilled attendance is concerned, of carrying out any desired plan of treatment. Were such endorsed by men experienced in similar methods as applied in everyday practice, the superintendent's responsibilities, doubts and risks would all be lightened, and the measures indicated be readily

enough pursued. Before long there would be a mass of digested observations and medical reports issuing from these very hospitals, which would be of immense value to the profession in civil life.

I have referred, and I trust it will not be thought with disrespect, to the tendencies at asylums, in the search for cerebral lesion, to ignore all others. I could relate many instances corroborative of this fact, but it is unnecessary. The very nature of mental disturbance would of itself be sufficient to explain it, did we not have additional reason in the position in which I have shown hospital officers to stand in relation to their cases of insane women. It is evident in the very details of asylum autopsies as compared with those at general hospitals, in the statements of appearances found, and in the silence upon points not supposed essential. I would not imply that there are not most faithful and thorough pathologists among psychologists—a combination, of which Dr. Workman, of Toronto, is by far the most excellent example with whom I am personally acquainted; nor do I believe there are many superintendents in this country who sympathize with their other Canadian representative, Dr. Douglass, of the Lower Province, whose assertion to me of contemptuous disbelief in the need or advantage of autopsies of the insane was only additional proof, had such been needed, that his Government Asylum at Beauport, near Quebec, however fair in outside seeming, is based on an erroneous view of management; that it is conducted for private rather than for public good, and, by comparison with that of Canada West, that it should be abated as an error and a nuisance by Parliament. This is no digression. The topic, both personal and theoretical, is one intimately related to that we have been considering, and I shall discuss it more fully upon another occasion. When autopsies of insane females shall have become more frequent and more carefully studied, the importance of the doctrines now urged will become the more apparent.

I have intimated that the appointment of medical advisers to insane hospitals would be of advantage to obstetric jurisprudence.

We are all familiar with those difficult cases of supposed or alleged insanity in females that from time to time make their appearance in our courts of justice, on writs of *habeas corpus* or otherwise, from asylums, puzzling counsel, medical experts, and judge. Such cases are common enough in private practice, and are found generally amenable to treatment. There is no reason that they should still be allowed to serve as excitants of public scandal,

or to bring discredit upon hospital management, or to subject their officers to suspicion as venal.

There is a vast field above and beyond all this, which many writers have approached, none more boldly than has just lately Dr. Ray<sup>1</sup>—important beyond all estimate in its jurisprudential relations, but which has hardly as yet been entered, certainly not to any extent, from the quarter in which we are now standing. I refer to the legal and moral responsibilities of women, whether maniacal or but partially affected; a matter of infinite interest, of infinite practical importance, I can now but allude to it. It is another proof to us of what may be the results, scientific and effective, from insane asylums when they shall have been made what they may more fully become, hospitals for research, for rational experiment, and for cure.

In accordance with the arguments now submitted, I would offer the following resolutions, which I trust the Association may unanimously see reason, in its wisdom, to adopt and to render effective:—

*Resolved*, That in the opinion of the American Medical Association it is expedient that there should be attached to every public hospital for the insane, one or more consulting physicians, who may be consulted at the discretion of the superintendent; such measure being alike for the interest of the hospital, its medical officers and its patients.

*Resolved*, That a copy of the above resolution be transmitted to the Board of Trustees of each of our public hospitals for the insane; and also to the Secretary of the Association of American Superintendents, with the request that it may be endorsed by that body and the action proposed be urged upon the respective boards with which its members are officially connected.

The above paper having been read before the Section on Obstetrics, and warmly approved by many of its members, the resolutions appended were referred to the Association at large, and were endorsed by a unanimous vote.

---

<sup>1</sup> Treatise on Mental Hygiene; Report of Butler Hospital for 1864.

